

## DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled TREATMENTS FOR NEUROGENETIC DISORDERS, IMPULSE CONTROL DISORDERS, AND WOUND HEALING specification for which

☑ is attache	d hereto.		
☐ was filed	, Serial No	·	
I hereby state	e that I have reviewed and underst	and the contents of the above-ide	ntified specification, including the claims, as
amended by any amend	dment referred to above.		server special server in the claims, as
I acknowledg	ge the duty to disclose information	n which is material to patentabilit	y of this application in accordance with Title
37, Code of Federal Re	egulations, §1.56(a).		The secondarios will the
I hereby clair	n foreign priority benefits under	Fitle 35, United States Code §119	9 and/or §365 of any foreign application(s)
for patent or inventor's	certificate listed below and have	also identified any foreign app	lication for patent or inventor's certificate
having a filing date bef	ore that of the application on wh	ich priority is claimed:	
Application Serial No.	Country	Filing Date	Priority Claimed
Application Serial No.			
60/250,113		Filing Date ember 30, 2000	Priority Claimed Yes
below and, insofar as tapplication(s) in the mar material information as c	the subject matter of each of the oner provided by the first paragraph defined in Title 37, Code of Federal the national or PCT international	e claims of this application is a sh of Title 35, United States Code al Regulations, §1.56(a) which b al filing date of this application:	of any United States application(s) listed not disclosed in the prior United States e, §112, I acknowledge the duty to disclose ecame available between the filing date of
Serial No.	Fili 	ng Date	Status (Patented, Pending, Abandoned)
			rending, Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys and agents with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith: the registrants of the firm Saliwanchik, Lloyd & Saliwanchik, A Professional Association, 2421 N.W. 41st Street, Suite A-1, Gainesville, FL 32606-6669, Customer ID No. 23,557.

I request that all correspondence be directed to Customer ID Number 23,557.

I further request that all telephone communications be directed to:

Frank C. Eisenschenk, Ph.D. 352-375-8100

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Signature of Third Joi	nt Inventor	Date _	
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Name of Fourth Joint	Inventor		
Residence			
Post Office Address		·	
•		Date	
Signature of Fourth Joi	nt Inventor		